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Serious Illness and Death

by

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What questions are posed at the end of life? The confrontation of death – mine, that of loved ones. When I or they suffer from a mortal disease, all this brings about a radical confusion in our lives. We are in a serious state of emotion which produces an irreparable fracture in our life. This agonizing situation opens up to a yawning emptiness which risks engulfing all meaning, all coherence in our lives and in the lives of our loved ones.

In the presence of death are posed some fundamental questions of meaning: the meaning of life, of death, of sickness, of suffering, of the small space of life which remains before death and finally, the value of the dying-sick person. These questions and agonies (expressed or not) are inscribed all along the evolution of sickness which leads to death.

Serious illness unleashes for the sick person a whole series of massive losses which put his equilibrium in danger. These losses come first of all from the illness itself: symptoms which exhaust and which are agonizing: vomiting, respiratory difficulty, pain which does not cease or which returns without ceasing; necessary hospitalization; becoming a patient. We discover a universe where men and women in white are all powerful when one is reduced to helplessness and silence. Treatments which are indispensable but painful with their secondary effects. Above all, the absence of any healing when death can be the only outcome.

Rapidly one loses one's social role. The sick person must abandon successively all his engagements and responsibilities, his work chores, his role in the education of children, even his conjugal duties.

As the sickness gets worse there appears the loss of self image: surgical mutilation, loss of weight, gauntness. We no longer recognize our own bodies. The body of pleasure becomes the body of pain. The patient

lives an agony of slowly losing his abilities bit by bit. Loss of autonomy, mobility, bodily functions, eating and of the most natural needs.

All these produce in the sick person a sense of loss of his own value and of his abilities. They appear as failure and are lived in great agony. What more will happen to me to lessen me further? Am I acceptable to others as I am? Can I be loved just as I am? These are supremely important questions before those who are in good health and in full possession of their faculties.

This is the period of life with fears: fears of pain, fear of suffering painful symptoms, fear of further degradation, fear of losing one's mental faculties, fear of loneliness, fear of death. In the face of all these fears is realized the precariousness of our existence, the concrete eventuality of our death. We lose the illusion of our eternity. There is the feeling of injustice ("what did I do to deserve this?) or a feeling of guilt (sickness seen as punishment). The sick person relives his past and his past faults, transgressions, sufferings inflicted on others, wasted opportunities. He sees a negative vision of himself.

Through all this, the gravely sick person lives the terrible experience of deprivation. Some accept it willingly, ready for death (particularly those with a deep religious sentiment). But often, the sick panic and call those who care for them as if awaiting some magic cure. There is no intellectual acceptance of sickness and oncoming death.

How can we help a person in this extreme situation? The first point must be the medical aspects of palliative care which are competent and rigorous. Amelioration of the quality of life passes by optimal control of pain and other symptoms. These must be evaluated and treated to produce the best care possible. This implies expertise in diagnostics, knowledge of therapeutic means and attention to the amelioration of pain by drugs. This is a science all by itself.

The patient so treated and listened to sometimes finds an astonishing energy. He-she begins to live again, reunites the family, reconciles with others, puts his affairs in order. But we must recognize that even the best treatment does not always arrest the evolution of the illness. In any case, we cannot cure death in patients. There comes a moment when we realize that we must abandon all treatment and all hope of getting better or stabilizing the situation and that we must cease treatment in this sense. We find that we have empty hands and there is nothing that we can do. We are then faced with our own fear and impotence.

At this stage we enter into the domain of "knowing being" rather than "knowing doing." We are no longer capable of doing anything. We must be prepared to be for the dying patient. It is indispensable for us to

recognize our fear and impotence before death and not be afraid or flee from it.

With these dispositions, we must encounter such a person not as one who is dying but as a person who is in the today of his sickness. Beside him, we must dare to remain, to be there, to be present. Without *doing* anything, sometimes without even saying anything. We are seated and we enter into his silence. Maybe even to weep with him, to recognize that it is too hard and one really has nothing to say. And then to listen. To understand the history of the sick person, to understand his distress. We are without answers. We must not say words but we must implicate ourselves personally in a human relationship which is dense and true: "As you are, as you have become, you have importance for me" must be our motto. In an unconditional relationship which the sick person feels and knows that no matter what, he will be neither rejected nor abandoned.

It is not up to us to show the sick person the way. We have no power to determine his future. We make no judgment on his past or present. If the sick person recognizes his own faults and sins from his own past in our presence, we must be without judgment. If he feels acceptance with his past, accepted as he is by us, he can perhaps reconcile himself with his past, with himself and with others.

If the sick person feels accepted in the present in spite of his delirium and confusion, if he feels our faith in him, if we assure him by our confidence in his own capacity to come out of his turmoil, he can perhaps begin to take up his life, even if it is only for a few days or hours and in that, he can grow again.

The spiritual dimension of man lies in his search for meaning. We cannot escape that question. What is the meaning of life for certain sick people who are now in a totally dependent state, sometimes even without any communication?

Here we reach the limit and enter into mystery. The sick person is and remains always an entirely human person. We must permit him to be even in that which occurs to him. When we can do nothing further for him, we must learn to be near him. What is the meaning of his life? The sole fact of being constitutes a response.

To accept the other who is sick and dying in the mystery of his history, to recognize that he is, constitutes for him an authorization to live his life to the very end. He is a human person in his dignity to the very end to which we give our witness by our presence and our silence with him to that end.